

Foster Family Home - Corrective Action Report

Provider ID: 1-620569

Home Name: Monaliza Asuncion, CNA

Review ID: 1-620569-7

94-819 Kaaka Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 3/4/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 2 bed recertification. Home met all compliance requirements at the time of the home inspection. No corrective action required

Jackie Chamberlain *PC*
Compliance Manager

Monaliza Asuncion
Primary Care Giver

3/4/2020
Date

3-4-20
Date